

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-05-2810.M5**

MDR Tracking Number: M5-04-3830-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 7-6-04.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 7-6-04, therefore the following date(s) of service are not timely and are not eligible for this review: 7-2-03 through 7-3-03.

The requester withdrew dates of service 7-21-03, 7-25-03 and 11-27-03 on 8-5-04. Date of service 7-22-03 was withdrawn on 10-11-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that services from 7-14-03 through 12-10-03 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for office visits, therapeutic exercises, neuromuscular reeducation, joint mobilization, myofascial release, and manual therapy technique from 7-14-03 through 12-10-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 13<sup>th</sup> day of October, 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

**NOTICE OF INDEPENDENT REVIEW DECISION**

September 15, 2004

Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
7551 Metro Center Drive, Suite 100, MS 48  
Austin, TX 78744-1609

RE: Injured Worker:  
MDR Tracking #: M5-04-3830-01  
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced

above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

#### Clinical History

This 43 year-old male patient reported a right upper extremity repetitive motion type injury on \_\_\_\_ that was diagnosed as right carpal tunnel syndrome and right ulnar neuropathy. On 03/14/03 he underwent a carpal tunnel release and ulnar nerve transposition. Following this he developed persistent pain in the right arm with hypersensitivity and was diagnosed with reflex sympathetic dystrophy. On 10/15/03 he underwent an endoscopic thoracic sympathectomy with intercostals nerve blocks and paravertebral blocks. He has been treated in a pain management program including stellate ganglion blocks, medications, and extensive therapy with chiropractic modalities since the injury.

#### Requested Service(s)

Office visits (excluding 07/22/03), therapeutic exercises, neuromuscular reeducation, joint mobilization, myofascial release, and manual therapy technique for dates of service 07/14/03 through 12/10/03.

#### Decision

It is determined that office visits (excluding 07/22/03), therapeutic exercises, neuromuscular reeducation, joint mobilization, myofascial release, and manual therapy technique were not medically necessary to treat this patient's medical condition from 07/14/03 through 12/10/03.

#### Rationale/Basis for Decision

There was no real documentation to support the medical necessity for any of the treatment in question during the time frame in dispute since the treatment records submitted consisted of daily progress notes that were computer generated and were essentially verbatim from day to day. The records did not include objective documentation such as the patient's actual range of motion values, reevaluations showing functional improvement or benefit from care, or the specific location of spasms and tenderness. They also failed to substantiate in any way that the aforementioned services fulfilled the requirements of Texas Labor Code 408.021 since the treatment did not relieve or cure the effects of the injury, did not promote recovery, and did not enhance the employee's ability to return to or retain employment.

The *Guidelines for Chiropractic Assurance and Practice Parameters* state, "After a maximum of two trial therapy series of manual procedures lasting up to two weeks each without significant documented improvement, manual procedures may no longer be appropriate and alternative care should be considered." On this basis, it is determined that the care rendered nearly one year after the injury was not medically necessary.

Sincerely,